

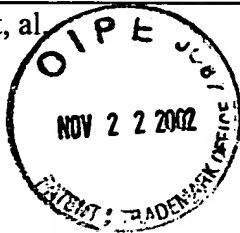
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Takakuwa et, al

Serial No.: 09/824,708

Filed: April 4, 2001

Title: PRESSURE SENSOR WITH  
WATER REPELLENT FILTER



Atty. Dkt.: 1-130

Group Art Unit: 2855

Examiner: JENKINS, JERMAINE L

Assistant Commissioner for Patents  
Washington, D.C. 20231

Date: November 22, 2002

**CERTIFICATE OF HAND DELIVERY**

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on November 22, 2002.

Typed Name: DAVID G. POSZ


Signature: 

**REQUEST FOR RETURN OF INITIALED FORM PTO-1449**

Sir:

Pursuant to MPEP §609, Applicant hereby respectfully requests that the Examiner initial the enclosed copy of the originally-submitted Form PTO-1449 in the appropriate place in the left-hand column as proof that the listed references have been considered and made of record. Applicant further requests that the Examiner return a copy of the initialed form to the undersigned at his earliest convenience.

Respectfully submitted,



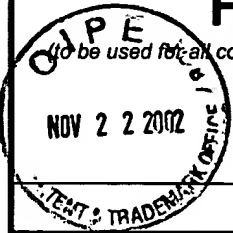
David G. Posz  
Reg. No. 37,701

Law Offices of David G. Posz  
2000 L Street, NW  
Suite 200  
Washington, DC 20036  
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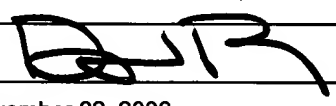
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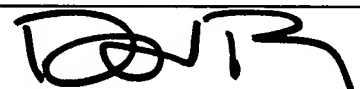
This Form Based on PTO/SB/21

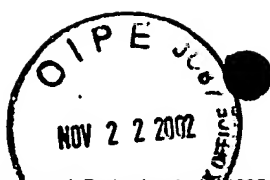
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing) 	Application Number	09/824,708
	Filing Date	April 4, 2001
	First Named Inventor	TAKAKUWA et al.
	Group Art Unit	2855
	Examiner Name	JENKINS, JERMAINE L
	Attorney Docket Number	1-130

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	November 22, 2002

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Type or printed name	David G. Posz		
Signature		Date	November 22, 2002



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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>		
		Application Number	09/824,708	
		Filing Date	April 4, 2001	
		First Named Inventor	TAKAKUWA et al.	
		Examiner Name	2855	
TOTAL AMOUNT OF PAYMENT (\$)		920	Group/Art Unit	JENKINS, JERMAINE L
			Attorney Docket Number	01-130

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<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 50-1147  Deposit Account Name: LAW OFFICES OF DAVID G. POSZ  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. <b>ADDITIONAL FEES</b>																																																																																																																																																																																													
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(202) 416-1638
		Date	11.27.02

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